

NOTICE OF REJECTED BILL

- a. _____ **TAX ID MISSING OR INVALID**
Provider's nine (9) digit EIN [Federal Tax ID] number **must** be accurate on the bill.
- b. _____ **MEDICAL PROVIDER CANNOT BE IDENTIFIED**
Provider's complete billing name and full billing address (zip code required) **must** be accurate on the bill so we know where to send payment.
- c. _____ **NO CASE FILE**
OWCP has no record of a case for your patient on the given date of injury. Contact the patient or the employer for further information.
- d. _____ **BILL INCOMPLETE OR NOT ON FORM 1500**
Submit bill on a legibly itemized, completed Form HCFA-1500/OWCP-1500.
Note: Item 11 - Enter OWCP (FECA) case number.
Item 24 - Itemize bill. "Balance forward" charges cannot be considered.
- Itemize by AMA CPT-4 code (only one code to a line).
- Use inclusive "from/to" dates for a single service or series of identical services (same CPT-4 code).
- For a series of identical services, enter the total number of services in column G, DAYS OR UNITS.
- If more than six (6) CPT-4 codes are applicable to the bill, use additional copies of Form 1500 to continue itemization or attach a sheet that provides the itemization in the same format as Form 1500 requires.
Item 25 - Enter 9-digit EIN [Federal Tax ID] number.
Item 31 - Provide signature with degrees or credentials [stamps accepted].
Item 33 - Enter complete billing name and address (with zip code).
- e. _____ **BILL NOT ON UB-82, UB-92 OR EQUIVALENT**
Hospitals, medical centers, and outpatient surgical centers must submit bill on itemized UB-82, UB-92, or equivalent.

RETURN THE CORRECTED BILL TO OWCP AT:
P.O. Box 193798
San Francisco, CA 94119-3798

If, after reviewing this letter, your bill, and the attachment, you still have questions, call our claims telephone number at (415) 975-4090. To speak with a Bill Resolution Clerk, press 0 and then 1. You will be asked to enter the last digit of the IW's OWCP case number to reach the appropriate Bill Resolution Clerk.

Use Correct Addresses: Send all bills (originals, no duplicates/copies), EOB returns, and fee appeals to OWCP at the above address. Send medical reports (do not send with bill), medical/surgery authorization requests (write "MED AUTH" below the return address on the envelope), and other case-specific documents/correspondence to the P.O. Box address for the Claims Section with jurisdiction over the IW's mailing address zip code.

IVR: Now, when you call our claims number, you can use our Interactive Voice Response (IVR) system to obtain automated information regarding the status of medical bill payments and physical therapy authorizations. If there is no information available regarding the bill you are calling about, OWCP has either not received it, or it has not yet been entered into the computer system.

Thank you for treating Federal injured workers. Accurate itemized bills sent to P.O. Box 193798 get prompt payment. Upon receipt of the corrected itemized bill, we will consider the bill for payment.